

WPDP Prescription Drug Discount Card Enrollment Form

Please complete all of the information below and return this self-mailer to receive a discount card.

Printed name of applicant _____

Applicant's date of birth _____

Street address (to mail discount card) _____

Phone number _____

City, State, ZIP Code (to mail discount card) _____

Male ☐ Female ☐

Email address _____

Where did you hear about this program? (Check as many as apply.)

- | | | |
|----------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> WPDP Web site (www.rx.wa.gov) | <input type="checkbox"/> Faith-based organization |
| <input type="checkbox"/> Radio | <input type="checkbox"/> School or college | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Television | <input type="checkbox"/> Friends/family | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Insurance agency | <input type="checkbox"/> Hospital/clinics |
| <input type="checkbox"/> Senior center | <input type="checkbox"/> State agency | <input type="checkbox"/> Television |
| <input type="checkbox"/> Other website | | |

Frequently Asked Questions

What's the cost? It's FREE!

Who can join? Any Washington State resident regardless of age or income

How do I join?

- Fill out a form for each family member and mail it in; or
- Call 1-800-913-4146 to enroll; or
- Enroll at **www.rx.wa.gov**.

What do I get?

- Savings up to 60% on generic drugs
- Savings up to 20% on brand-name drugs
- Excellent customer service 24 hours a day, 7 days a week

How can I use it? Most large pharmacy chains honor the discount card. To see if your neighborhood pharmacy has joined, call 1-800-913-4146 toll-free or visit our Web site for a listing of participating pharmacies in your area. Or get home delivery using our mail-order service.

What's the catch? There is no catch.

For more information on the program, or if you need assistance enrolling, please call toll-free 1-800-913-4146.



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

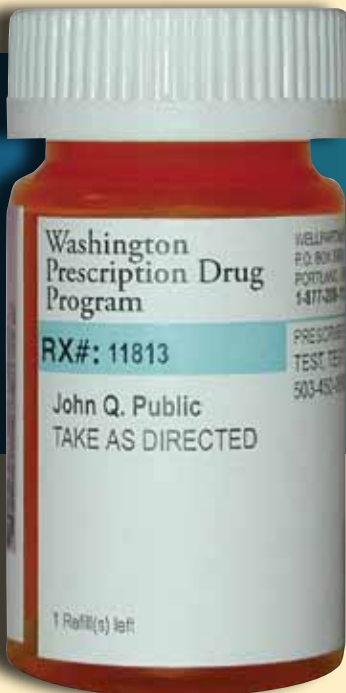
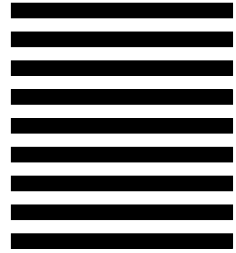
FIRST-CLASS MAIL

PERMIT NO. 941

OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

WASHINGTON PRESCRIPTION DRUG PROGRAM
C/O THE ODS COMPANIES
ATTN: BILLING & ELIGIBILITY
601 SW 2ND AVE STE 900
PORTLAND OR 97204-9884



*Can't afford to pay for your
prescriptions?*

Here's HELP and it's FREE!

*Announcing the
WPDP Discount Card*



Washington Prescription Drug Program

Administered by the Washington State Health Care Authority

A member of the Northwest Prescription Drug Consortium